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INDICATION FORM**

Application Number	10/720,365
Filing Date	11/24/2003
First Named Inventor	Roger B. Skillings
Title	System and method for processing...
Art Unit	3753
Examiner Name	Fox, John C.
Attorney Docket Number	SKILL.1000

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Peter A. Nieves	48,173

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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<input checked="" type="checkbox"/> Firm or Individual Name	Peter A. Nieves, Esq., Sheehan Phinney Bass & Green, PA				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Roger B. Skillings</i>	Date	10/11/05
Name	Roger B. Skillings	Telephone	603-465-8168
Title and Company	Title:		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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